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Ron Meyer
Executive Director

To: MCHCP Members

Reminder - Effective January 1, 2007, if making changes to your insurance coverage such as: you are adding new dependents to your insurance coverage, terminating coverage on one of your dependents, changing your address (using a form), please remember to fax or send your forms directly to MCHCP. You need to use the Enrollment/Change/Cancellation/Waiver (M-2). Forms can be printed from the CD you received for Open Enrollment or on-line at mchcp.org. If you requested printed materials, an M-2 is contained in the Enrollment Guide

If you are retiring, please fax or send a Retirement Form (M-5) directly to MCHCP at least 30 days prior to your retirement date. We need your form whether or not you continue coverage with us.

The Forms Fax Line is 866.346.8785 or forms can be mailed to MCHCP, PO Box 104355, Jefferson City, MO 65110.

Should you have any questions, please call our Customer Service Department at 800.487.0771 or if you are in Jefferson City, call 751.0771.